

<i>Official Use Only</i>
Number: _____
Date Approved/Denied: _____
Approved/Denied By: _____

- Environmental Health Scientist
- Environmental Health Scientist-In-Training

**APPLICANT INFORMATION**

Full Legal Name: \_\_\_\_\_  
*First Middle Last*

All Previous Legal Names: \_\_\_\_\_

Other DOPL Licenses Held: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_  
*Street Address (including Apt/Unit/Ste #) and/or PO Box*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please Select ONE:**

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: \_\_\_\_\_

**Driver License  
or State ID Card**

\_\_\_\_\_  
*State of Issue License Number Expiration Date*

**NOTE:** If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of authorization to work in the United States.

**AFFIDAVIT AND RELEASE**

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

## QUALIFYING QUESTIONNAIRE

**Read thoroughly, and answer each question. Do not leave any question blank.**

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently under investigation or is any disciplinary action pending against you now by any <i>local, state or federal licensing, enforcement or regulatory agency</i> ?
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been declared by any court to be incompetent by reason of mental defect or disease and not restored?
5. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
6. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug or alcohol use or abuse within the past five (5) years?
7. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently using or have you recently ( <i>within 90 days</i> ) used any drugs ( <i>including recreational drugs</i> ) without a valid prescription, the possession or distribution of which is unlawful under applicable state or federal laws?
8. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever unlawfully used any drugs for which you have not successfully completed, or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
9. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently have any criminal action pending?*
10. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? *
11. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?*
12. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been incarcerated for any reason in any correctional facility ( <i>domestic or foreign</i> ) in any jurisdiction or on probation/parole in any jurisdiction?*

**\*NOTE: Charges that were later dismissed and motor vehicle offenses such as driving while impaired or intoxicated must be disclosed; however, minor traffic offenses such as parking or speeding violations need not be listed.**

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

If you answered "Yes" to Questions 9,10,11 or 12 you must submit the following for **EACH** and **EVERY** incident:

- Personal account of the incident
- police report(s)
- court record(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

## PROFESSIONAL LICENSES

List all other licenses, registrations or certification issued by any state which you now hold or have ever held in any profession. (Use additional sheets if necessary.)

Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_ License Status: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_ License Status: \_\_\_\_\_ Issue Date: \_\_\_\_\_

## EDUCATION REQUIREMENTS

**Select one:**

- 1. I have a bachelor's or master's degree from an Environmental Health Science and Protection Accreditation Council (EHAC) approved program. *Submit official transcripts documenting your degree.*
- 2. I have a bachelor's or master's degree from an accredited program in a related field as outlined in R156-20a-302a (2). *Submit official transcripts documenting your degree.*
- 3. I have a bachelor's or master's degree from an accredited which includes a college or university level algebra or math course and 30 semester hours or 45 quarter hours from at least three of the areas of study listed in R156-20a-302a (2). *Submit official transcripts documenting your degree, **and** complete "Education Pathway" information below.*

## EDUCATION PATHWAY

**To be completed by applicants who have selected option 3 above.**

Please enter the course information for the required coursework. Use additional sheets, if necessary. You must also submit official transcripts documenting each of the courses listed.

**College or University level algebra or math course:**

**Course Title:** \_\_\_\_\_ **Course Number:** \_\_\_\_\_  
**Semester:** \_\_\_\_\_ **Total Credits Received:** \_\_\_\_\_

**30 semester hours or 45 quarter hours from at least three of the areas of study listed in R156-20a-302a (2):**

<b>Course Title:</b> _____	<b>Course Number:</b> _____
<b>Area of Study:</b> _____	<b>Semester:</b> _____
<b>Total Credits Received:</b> _____	
<b>Course Title:</b> _____	<b>Course Number:</b> _____
<b>Area of Study:</b> _____	<b>Semester:</b> _____
<b>Total Credits Received:</b> _____	
<b>Course Title:</b> _____	<b>Course Number:</b> _____
<b>Area of Study:</b> _____	<b>Semester:</b> _____
<b>Total Credits Received:</b> _____	
<b>Course Title:</b> _____	<b>Course Number:</b> _____
<b>Area of Study:</b> _____	<b>Semester:</b> _____
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<b>Course Title:</b> _____	<b>Course Number:</b> _____
<b>Area of Study:</b> _____	<b>Semester:</b> _____
<b>Total Credits Received:</b> _____	
<b>Course Title:</b> _____	<b>Course Number:</b> _____
<b>Area of Study:</b> _____	<b>Semester:</b> _____
<b>Total Credits Received:</b> _____	
<b>Course Title:</b> _____	<b>Course Number:</b> _____
<b>Area of Study:</b> _____	<b>Semester:</b> _____
<b>Total Credits Received:</b> _____	
<b>Course Title:</b> _____	<b>Course Number:</b> _____
<b>Area of Study:</b> _____	<b>Semester:</b> _____
<b>Total Credits Received:</b> _____	

## ENVIRONMENTAL HEALTH SCIENTIST-IN-TRAINING SUPERVISION AGREEMENT

A EHS-In-Training license is an optional license for applicants who meet all requirements except a passing score on the REHS/RS or REHS/RS-in-training Examination. This form only needs to be completed by individuals applying for an EHS-In-Training license. See the checklist at the end of this application for additional instructions.

**Section 1:** To be completed by the applicant.

**Full Legal Name:** \_\_\_\_\_  
First Middle Last

**Mailing Address:** \_\_\_\_\_  
Street/PO Box City State/Zip

- I understand that I must meet all requirements *except* passing the required examinations before applying for a Environmental Health Scientist-In-Training license.
- I understand that I must practice under the general supervision of a Utah licensed Environmental Health Scientist, and that I cannot begin practice until the training license has been issued and must cease working once it expires.
- I understand that a Environmental Health Scientist-In-Training license may be issued for only 24 months and cannot be renewed.
- I further understand that it is my responsibility to submit application for my Environmental Health Scientist license once I have passed the required examination.

**Signature of Applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Section 2:** To be completed by the supervising EHS.

**Name of Supervisor:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Name of Facility:** \_\_\_\_\_

**Facility Address:** \_\_\_\_\_  
Street/PO Box City State/Zip

**Telephone Number** \_\_\_\_\_ **Email:** \_\_\_\_\_

I hereby certify that I am a licensed environmental health scientist in good standing and I will supervise the practice of the above named applicant. I understand that I must provide general supervision, and be available for immediate voice communication.

**Signature of Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this form to the applicant to submit with their application. Do not begin supervision until the applicant is approved for a EHS-In Training license.**

## APPLICATION CHECKLIST AND INSTRUCTION

This checklist is for your convenience, you do not need to include it with your application.

**NOTE: Incomplete applications will be denied.**

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

### ALL APPLICANTS

All applicants are required to submit following items to complete the application:

- \$60.00 non-refundable application-processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire". (See page 2 of the application for more information.)
- Supporting documentation requested on page 3 for the education pathway selected. \* See Note below.
- Pass the Utah Law and Rules Examination for Environmental Health Scientists. DOPL's testing provider will electronically send the results of your examination directly to DOPL. Applicants must apply directly to PSI Examination Services at [www.psiexams.com](http://www.psiexams.com) or 1-800-733-9267 to register for the Utah Local Practice Examination. Submit the fees directly to the testing agency. \* See Note below.

**\*Note:** If you hold an active Utah EHS-In-Training license, the Division already has on record your Law and Rule exam and education information. You do not need to resubmit these items.

### APPLICANTS FOR ENVIRONMENTAL HEALTH SCIENTIST-IN-TRAINING

If you are applying for an Environmental Health Scientist-In-Training license, *in addition* to the items required for all applicants, you must:

- Submit the "Environmental Health Scientist-In-Training Supervision Agreement" found on page 4 of this application.

### APPLICANTS FOR ENVIRONMENTAL HEALTH SCIENTIST

If you are applying for an Environmental Health Scientist license, *in addition* to the items required for all applicants, you must:

- Submit official documentation of your passing score on the REHS/RS Examination or the REHS/RS-in-training Examination.

**Submit the above items with your completed application to:**

#### **In Person or Via Express Delivery:**

Division of Occupational and Professional Licensing  
Heber M Wells Building, 1<sup>st</sup> Floor Lobby  
160 E 300 S  
Salt Lake City, UT 84111

#### **US Postal Service:**

Division of Occupational and Professional Licensing  
PO BOX 146741  
Salt Lake City, UT 84114-6741